jar (both always full). Older students will miss her quiet Irish brogue and countless forays onto the stage during plays and talent shows. Parents will miss her most unassuming air that always commands immediate respect from both parents and students. And, most of all, we will all miss her absolutely unwavering faith in God and dedication to our children.

I come to the floor of the House of Representatives today to personally commend, honor and thank Sister Imelda on the occasion of her retirement from St. Catherine of Siena School. Sister, may the road always rise to meet you and the wind always be at your back.

A TRIBUTE TO THE CAREER OF PATRICIA ANN JOHNSON

HON. MIKE ROSS

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 27, 2004

Mr. ROSS. Mr. Speaker, I rise today to recognize the dedicated service of an individual from my district who has devoted her professional life to enhancing the educational development of students in our great State of Arkansas.

Patrica Ann Johnson has given 36 years of service in education to primary and community college students. On April 30th, Ms. Johnson will retire from teaching, but her legacy will continue in the schools and community where she taught.

Ms. Johnson served Mena for 31 years, teaching the first, second, third, and fourth grades at Louise Durham Elementary School where she was a continued source of inspiration for hundreds of school children while working for their educational and social advancement. In addition to her elementary school teaching, Ms. Johnson taught physical and health education at Rich Mountain Community College to students enrolled in those programs.

Ms. Johnson is an outstanding example of the lifetime dedication to service of Arkansas educators. I urge all citizens of Mena and the staff and students of Louise Durham Elementary School and Rich Mountain Community College to join me in honoring the career of a truly gifted, caring, and committed woman on the celebration of her retirement.

REGARDING THE VALUE OF LONG-TERM RESEARCH STUDIES IN UNDERSTANDING HEALTH RISKS AND CONSEQUENCES

HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 27, 2004

Mr. EVANS. Mr. Speaker, I rise today to recognize an important forum that took place in our Nation's capital last month. This forum, called by the U.S. Medicine Institute, convened scientific leaders from throughout the Federal Government to discuss the value of longitudinal studies in determining populations' risks for developing various health care conditions or diseases.

Science has long recognized the value of such studies, but it is critical for us as policymakers to also understand their role in helping inform our decisions. As the Ranking Member of the Committee on Veterans' Affairs, I am aware of numerous occasions upon which the Committee employed data from such studies to determine matters related to compensation for service-connected conditions and eligibility for health care benefits. For example, Congress has used longitudinal studies to determine conditions that should be compensated due to veterans' exposure to dioxin and to identify the effects of various exposures on the health of veterans from the first deployment to the Gulf. In the near future, VA intends to propose a followup study that will examine the long-term effects of post-traumatic stress disorder on veterans. This will provide important information to current and future generations of veterans.

Determining the effects of war-time exposures on veterans' health is often a convoluted task. During service, troops may be exposed to a variety of agents all of which may have health effects that are poorly understood. In combination, these agents may also have different effects. Further complicating matters, some exposures are known to cause health effects that do not appear until many years later. There are often too many unknown factors to determine exactly which troops were exposed to which agents at any point in time.

While there have been some limited improvements in documentation of troop locations, troop exposures and servicemembers' health before, during and immediately following deployment, large information gaps are likely to exist well into the future. Longitudinal research can help fortify available information and ensure that Congress and the Administration give individuals the benefit of the doubt.

I am pleased that the U.S. Medicine Institute saw fit to give this important topic its time and attention. I am offering the Institute's executive summary from its March 4, 2004 forum entitled ''Taking the Long View: The Value of Studies Over Time'' for inclusion in the CONGRESSIONAL RECORD in the hopes that all Members will recognize the importance of supporting these studies to better inform our policy decisions.

TAKING THE LONG VIEW: THE VALUE OF STUDIES OVER TIME

Long-term studies help answer specific questions about health risks and consequences over time and often deliver by-products not originally envisioned but with ongoing, exponential value. Consequently, long-term studies are essential for informed policymaking and provide liberal return on the substantial investment they entail.

These were the views interwoven throughout a forum held on March 4, 2004, by the nonprofit U.S. Medicine Institute for Health Studies. The consensus among panelists and participants was that long-term studies undoubtedly deliver great benefit to society at large, as well as to the specific group or groups targeted in a particular protocol. For example, the 22-year-old Ranch Hand study of agent orange exposure in Vietnam offers a trove of longitudinal data on the aging process in men—with much of this data yet to be tapped.

Forum deliberations found long-term studies of such value in answering questions relating to public health that they should become a byproduct of how ''we normally do business'' in healthcare—especially as digital patient records make collection and analysis of data amenable to routine analysis.

These edited proceedings present the remarks of panelists at the forum and the ensuing discussion among participants. Observations presented during the group's deliberations include:

Long-term studies are essential for the understanding of disease and, consequently, for disease management. They give policymakers the data and findings needed to make rational determinations about eligibility for compensation relating to occupational exposures.

As long-term studies are done in future, they should be accompanied by ''clear'' business case analyses, ''so that there really is a clear understanding of the rewards that come from the . . . investment in conducting these studies.''

As disease patterns among Americans shift away from the acute toward chronic, multiple conditions, long-term studies will assume a greater role, because they allow examination of particular populations and pick up a ''different set of information'' about risk factors than short-term clinical trials can.

Decades-long studies such as the Framingham Study that delineated risk factors in heart disease and the Harvard Nurses Study of risk factors for major chronic diseases in women are well-known examples of the importance that long-term investigations can have in shaping health practices and policies.

Long-term studies conducted by federal agencies need the stability afforded by designated funding, rather than having their funds come through basic agency appropriations.

The Veterans Affairs and Defense departments use long-term studies to help answer questions about potential deleterious health effects in troops from exposures during deployments—questions now anticipated for every deployment: Who was exposed; are those exposed showing unusual disease; are those exposed dying at unusual rates or from unusual causes, or has their health changed over time; do those exposed show higher incidence of cancer(s); do the children of those exposed exhibit higher rates of birth defects?

A classic longitudinal study is the Air Force Ranch Hand Study, initiated in 1982, which has seen the collection of 74,000 biological specimens and 19,000 x-rays and has involved more than 13,000 physical exams, more than 20,000 questionnaires and thousands of records on conception and birth. In addition, more than 2,800 death records have been obtained.

This study is scheduled to terminate in 2006, but that directive has met with controversy on grounds there is much information yet to be mined. To resolve whether the study should be continued, Congress has asked the Institute of Medicine to examine the scientific merit of retaining and maintaining the medical records, specimens and other data collected for the study; the potential value of extending the study; and the advisability and costs of making study specimens available to independent researchers.

An important longitudinal study that is just beginning in the military is the Millennium Cohort Study, which involves an initial study group of 10,000, with 20,000 more to be added this year and another 20,000 to be added in 2007. The study will examine employment exposures and post-deployment consequences in a group exposed in Kosovo or Southwest Asia, compared to a non-exposed cohort.

Study participants will be followed every three years by postal surveys; demographic and health information will be obtained and correlated over a 22-year period.

The Veterans Affairs Department regularly turns to the Institute of Medicine for objective, independent literature reviews of the